FORM NFP 102.10 (rev. Dec. 2003) ARTICLES OF INCORPORATION

General Not For Profit Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-9522
ilsos.gov

Remit payment in the form of a cashier's check, certified check, money order, or Illinois attorney's or C.P.A.'s check payable to Secretary of State.

File #		Filing Fee: \$50	Approved:
———— Submit in duplicate ———— Type or print clearly		— Do not write about	ove this line ———
gistered Agent and Reg	istered Office in Illinois:		
First Name	Middle Name		Last Name
		0.11. # // / / / / / / / / / / / / / / / / /	D
Number		Suite # (P.O.	Box alone is unacceptable)
City	ZIP Code		County
rs shall be Not less th	in number, thei	r Names and Addres	sses being as follows.
Street Addres	ss City	y State	e ZIP Code
	egistered Agent and Reg First Name Number City ors shall beNot less to	egistered Agent and Registered Office in Illinois: First Name Middle Name Number Street IL City ZIP Code ors shall be in number, thei	egistered Agent and Registered Office in Illinois: First Name Middle Name Number Street Suite # (P.O. IL ZIP Code Ors shall be in number, their Names and Address Not less than three

Article 4.

Purpose(s) for which the Corporation is organized:

Other provis	ions (For more space, attach additional sheets	of this siz	e.):
	pration a Condominium Association as established No	under the	Condominium Property Act? (check one)
Is this Corpo (check one) ☐ Yes ☐		ned in Sec	tion 216 of the Internal Revenue Code of 1954?
	oration a Homeowner's Association, which administ n 9-102 of the code of Civil Procedure? (check one No		non-interest community as defined in subsection
	ddresses of Incorporators gned incorporator(s) hereby declare(s), under penalties ion are true.	s of perjury	, that the statements made in the foregoing Articles
Dated	Month Day , Year		
	Signatures and Names		Post Office Address
1	Signature	_ 1	Street
	Name (print)		City, State, ZIP
2	Signature	2	Street
	Name (print)		City, State, ZIP
3	Signature	_ 3	Street
	Name (print)		City, State, ZIP
If a corpo executionThe regis	Signatures must be in BLACK IN on copies, photocopies or rubber stamped signoration acts as incorporator, the name of the corporn shall be by a duly authorized corporate officer. Platered agent cannot be the corporation itself.	natures mation and the ease print	the state of incorporation shall be shown and the name and title beneath the officer's signature.
a registeThe regisA corportin its pur	stered agent may be an individual, resident in Illinoi red agent. stered office may be, but need not be, the same as ation that is to function as a club, as defined in Secondary pose clause a statement that it will comply with cliquors.	its princip	al office. 4 of the "Liquor Control Act" of 1934, must insert
Return to:			
	Firm Name		Attention

City, State, ZIP

Mailing address

Article 5.